

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD
PLAINTIFF,

CIVIL ACTION NO.
06-301
JURY TRIAL

V.

CHRISTIANA CARE HEALTH
SYSTEMS, RICHARD BURTON AND
CLARA CLARK
DEFENDANT,

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2007 JUN 22 PM 3:19

CERTIFICATE OF SERVICE
RECEIPT FOR INTERROGATORIES

Stephanie FORD
19 ALBANY AVE
New Castle, De 19720
Stephanie Ford

7006 0810 0005 5207 9808

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PHILADELPHIA PA 19103

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Postage	\$ 1.11
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 5.36

03/13/2007

MR. James H. McMackin III

Sent To **MR. DAVID H. WILLIAMS**

Street, Apt. No.,
or PO Box No. **1701 MARKET STREET**

City, State, ZIP+4 **PHILADELPHIA, PA 19103-2921**

PS Form 3800, June 2002 See Reverse for Instructions

LANCASTER AVENUE STATION
 WILMINGTON, Delaware
 198059998
 3379300505 -0096
 03/13/2007 (302)654-0725 01:39:03 PM

Product Description	Sale Qty	Unit Price	Final Price
Utility Mailer	1	\$0.99	\$0.99
10.5x16-RP Utility Mailer	1	\$0.99	\$0.99
10.5x16-RP WILMINGTON DE 19801			\$1.11
First-Class 3.20 oz.			
Return Rcpt (Green Card)			\$1.85
Certified			\$2.40
Label #:	70060810000552079815		
Issue PVI:			\$5.36
PHILADELPHIA PA 19103			\$1.11
First-Class 4.00 oz.			
Return Rcpt (Green Card)			\$1.85
Certified			\$2.40
Label #:	70060810000552079808		
Issue PVI:			\$5.36

Total: \$12.70

Paid by:
 Cash \$20.00
 Change Due: -\$7.30

Order stamps at USPS.com/shop or call
 1-800-Stamp24. Go to
USPS.com/clicknship to print shipping
 labels with postage. For other
 information call 1-800-ASK-USPS.
 Bill #: 1000402993355
 Clerk: 03

All sales final on stamps and postage.
 Refunds for guaranteed services only.
 Thank you for your business.
 Customer Copy

LANCASTER AVENUE STATION
WILMINGTON, Delaware
198059998
3379300505 -0095
03/10/2007 (302)654-0725 10:34:02 AM

Product Description	Sale Qty	Unit Price	Final Price
PHILADELPHIA PA 19103			\$2.55
First-Class			
9.40 oz.			
Return Rcpt (Green Card)			\$1.85
Certified			\$2.40
Label #:	70060810000552078993		
Issue PVI:			\$6.80
Black	1	\$8.49	\$8.49
Heritage			
Book Marks			
Total:			\$15.29
Paid by:			\$20.00
Cash			-\$4.71
Change Due:			

Order stamps at USPS.com/shop or call
1-800-Stamp24. Go to
USPS.com/clicknship to print shipping
labels with postage. For other
information call 1-800-ASK-USPS.
Bill #: 1000502214553
Clerk: 99

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
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PHILADELPHIA PA 19103

OFFICIAL USE

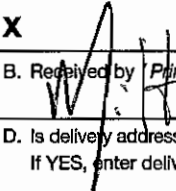
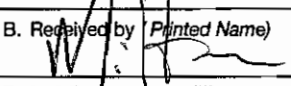
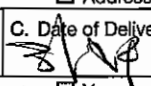
Postage	\$	\$2.55
Certified Fee	\$	\$2.40
Return Receipt Fee (Endorsement Required)	\$	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$	\$0.00
Total Postage & Fees	\$	\$6.80

Postmark Here

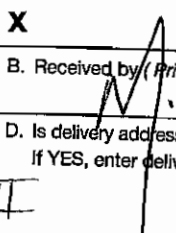
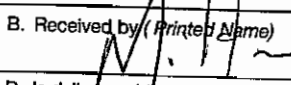
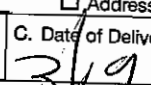
WILMINGTON DE 19805
10 MAR 2007
USPS

Sent To
MORGAN, LEWIS & BOCKTUS, L.P.
Street, Apt. No.,
or PO Box No. JAMES H. MCMACKIN III
1701 MARKET STREET
City, State, ZIP+4
PHILADELPHIA, PA 19103-2921

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MORGAN, LEWIS & BOCKIUS LLP, JAMES H. McMACKIN III 1701 MARKET STREET PHILADELPHIA, PA 19103-2921		B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7006 0810 0005 5207 8993		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MR. JAMES H. McMackin III MR. DAVID H. WILLIAMS MORGAN, LEWIS & BOCKIUS 1701 MARKET STREET PHILADELPHIA, PA 19103-2921		B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7006 0810 0005 5207 9808		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES
THAT COPIES OF THE FOREGOING
WERE CAUSED TO BE SERVED THIS
22, JUNE 2007 UPON THE
FOLLOWING, IN THE MANNER INDICATED

U.S. REGULAR MAIL

DAVID H. WILLIAMS
MORRIS JAMES, LLP,
500 DELAWARE AVENUE, SUITE
1500
P.O. BOX 2306
WILMINGTON, DELAWARE
19899